

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/557191

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	1		1				54						
5	1		1				55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22			1				72						
23	1		1				73						
24	1		1				74						
25	1		1				75						
26	1		1				76						
27	1		2				77						
28	1		1				78						
29			1				79						
30			2				80						
31			1				81						
32			1				82						
33			1				83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		1		1			TOTAL IND.			1			
TOTAL DEP.		33		33			TOTAL DEP.			33			
TOTAL CLAMDS		35		35			TOTAL CLAMDS			35			

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